

## **Recommendations from Eligibility Subcommittee**

### **Conditions Appropriate for Pediatric Palliative Care\***

#### **Conditions for which curative treatment is possible but may fail:**

- Advanced or progressive cancer or cancer with a poor prognosis
- Complex and severe congenital or acquired heart disease

#### **Conditions requiring intensive long-term treatment aimed at maintaining the quality of life**

- Human immunodeficiency virus infection
- Cystic Fibrosis
- Severe gastrointestinal disorders or malformations such as gastroschisis
- Severe epidermolysis bullosa
- Severe immunodeficiencies
- Renal failure in cases in which dialysis, transplantation, or both are not available or indicated
- Respiratory failure
- Muscular dystrophy

#### **Progressive conditions in which treatment is exclusively palliative after diagnosis**

- Progressive metabolic disorders
- Severe forms of osteogenesis imperfecta

#### **Conditions involving severe, nonprogressive disability, causing extreme vulnerability to health complications**

- Severe cerebral palsy with recurrent infection or difficult-to-control symptoms
- Severe neurologic sequelae of infectious disease or trauma
- Hypoxic or anoxic brain injury
- Holoprosencephaly or other severe brain malformations

\*Adapted from New England Journal of Medicine, Volume 350(17). April 22, 2004.

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### **Eligibility Criteria\***

Medi-Cal beneficiaries, up to 21 years of age, with a CCS eligible medical condition

**and**

A medical condition with a complex set of needs requiring case management and coordination of medical services due to at least 3 of the following 6 circumstances:

- Immediate medical need(s) during a time of crisis;
- Coordination with family member(s) and providers required in more than one setting (i.e. school, home, and multiple medical offices or clinics);
- A life-limiting medical condition that impacts cognitive, social, and physical development;
- A medical condition with which the family is unable to cope;
- A family member(s) and/or caregiver who needs additional knowledge or assistance with the client's medical needs; and
- Therapeutic goals focused on quality of life, comfort, and family stability.

\* Adapted from Washington State Model